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FIT Clinical Decision Making

SPONTANEOUS CORONARY ARTERY DISSECTION IN THE SETTING OF MIXED CONNECTIVE TISSUE DISEASE

Poster Contributions
Poster Hall B1
Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: FIT Clinical Decision Making: Ischemic Heart Disease
Abstract Category: Acute Coronary Syndromes
Presentation Number: 1180-145

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Background: Chronic inflammatory autoimmune disease affects mainly young women who will subsequently have increased morbidity and mortality from cardiovascular disease. Spontaneous coronary artery dissection is a rare condition that can be seen in systemic lupus erythematosus but should also be considered in all mixed connective tissue disorders.

Case: A 29 year old woman who complains of 3 days of sharp chest pain that is not exertional, positional or reproducible on palpation. Her pain is sharp and lasts for about 10 to 15 minutes then self-resolves. She denies any exertional symptoms, nausea, vomiting or diaphoresis associated with her chest pain. Her past medical history is significant for only mixed connective tissue disease and she is a current tobacco and marijuana smoker. On physical exam she was noted to have a malar rash, normal regular heart sounds, clear lungs bilaterally and no peripheral edema.

Decision Making: Electrocardiogram was done showing dynamic biphasic T waves in the precordial leads. Her initial troponin was markedly elevated at 120 times the upper limit of normal. CT of her chest ruled out acute pulmonary embolism. Echocardiogram revealed normal left ventricular function with no wall motion abnormalities. She was treated as an acute coronary syndrome and started on dual antiplatelet agents and systemic anticoagulation. Due to recurrent chest pain, she was taken to the cardiac catheterization lab where she was found to have a mid, left anterior descending artery dissection flap. The lesion was treated with a bare metal stent and had an excellent angiographic result with resolution of her symptoms.

Conclusion: This case demonstrates the importance of prompt evaluation and treatment in patients with chronic inflammatory autoimmune disease and acute chest pain. Although a rare condition, spontaneous coronary artery dissection should be considered in these young patients to prevent a possible fatal outcome.